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TO: United States Patent & Trademark Office PAGES: 1 of 3  
FROM: David W. Osborne FACSIMILE NO.: 1-571-273-8300  
DATE: July 8, 2005 TRANSMITTED BY: Julia Seargeant  
OUR DOCKET NO.: 23625/ Application No. 10/700,838  
SUBJECT: REVOCATION SUBSTITUTE POWER OF ATTORNEY WITH CHANGE OF  
CORRESPONDENCE ADDRESS

Commissioner For Patents  
PO Box 1450  
Alexandria VA 22313-1450

Sir/Madam:

Transmitted herewith is a REVOCATION SUBSTITUTE POWER OF  
ATTORNEY WITH CHANGE OF CORRESPONDENCE ADDRESS for Attorney Docket No.  
23625, Application No. 10/700,838. Please contact me should you have any questions. Thank  
you.

Sincerely,

David W. Osborne  
Thorpe North & Western, LLP  
Customer No. 20,551  
Reg. No. 44,989

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PTO/SB/21 (09-04)

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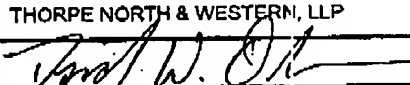
2

Application Number	10700.838
Filing Date	11/03/2003
First Named Inventor	David Fikstad, et al.
Art Unit	1614
Examiner Name	Royds, Leslie A.
Attorney Docket Number	23625

**ENCLOSURES (Check all that apply)**

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**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	THORPE NORTH & WESTERN, LLP		
Signature			
Printed name	David W. Osborne		
Date	June 29, 2005	Reg. No.	44,989

**CERTIFICATE OF TRANSMISSION/MAILING**

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Julia Seargeant

Date

July 8, 2005

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<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/700,838
	Filing Date	11/03/2003
	First Named Inventor	David Fikstad, et al.
	Art Unit	1614
	Examiner Name	Royds, Leslie A.
	Attorney Docket Number	23625

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

20,551

☒ Please change the correspondence address for the above-identified application to:☒ The address associated with  
Customer Number:

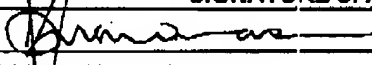
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I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Srinivasan Venkateshwaran		
Date	6/29/05	Telephone	(801) 994 7383 ext. 2102

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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